



## District of Columbia Retirement Board (DCRB)

### Benefits Department

900 7th Street, NW, 2nd Floor • Washington, DC 20001  
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www.dcrb.dc.gov

## Annual Earned Income Report (Calendar Year 2015)

The District of Columbia Police Officers and Firefighters' Retirement Plan requires that disability retirement annuitants under the age of fifty (50) submit a notarized statement reporting earned income for the prior calendar year (DC Code §5-714). If the space below is not sufficient to report all of your earned income sources, please submit additional pages. The deadline for submission of this report is May 16, 2016. If you do not file your report by this date, the District of Columbia Retirement Board ("DCRB") will stop your benefit payment.

### YOU MUST ATTACH A COPY OF THE FIRST TWO PAGES OF YOUR IRS 1040 FORM!

If you are married filing jointly, provide copies of all W-2 and 1099 information filed with your tax return.

### Member Information

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number
<hr/>				
Street Address	City	State	Zip Code	Telephone Number

### Income From Wages (Based on W-2 Forms) 1040 Line 7

Employer's Name (Do not include disability payments received from DCRB.)

Amount, Box 1 of W-2

1. \_\_\_\_\_

\$ \_\_\_\_\_

2. \_\_\_\_\_

\$ \_\_\_\_\_

### Income From Your Personal Business (IRS Form 1040 Schedule C or Schedule C-EZ) 1040 Line 12

—If you reported below, please attach a copy of the form to this report —

Name of Business

Amount, Schedule C, Line 31 or C-EZ, Line 3

1. \_\_\_\_\_

\$ \_\_\_\_\_

2. \_\_\_\_\_

\$ \_\_\_\_\_

### Income From Partnerships (IRS Form 1040 Schedule E Part II) 1040 Line 17

If you file Schedule E, please send a copy of your tax return.

Name of Partnership

Amount, Schedule E, Line 28

1. \_\_\_\_\_

\$ \_\_\_\_\_

2. \_\_\_\_\_

\$ \_\_\_\_\_

### Income From Your Farm or Ranch (IRS Form 1040, Schedule F) 1040 Line 18

Name of Farm/Ranch

Amount, Schedule F, Line 34

1. \_\_\_\_\_

\$ \_\_\_\_\_

### Other Income (IRS Form 1040, Line 21)

Name of Payor

Amount, Form 1040, Line 21

1. \_\_\_\_\_

\$ \_\_\_\_\_

2. \_\_\_\_\_

\$ \_\_\_\_\_

## Report of Earnings

If you did not file a Federal income tax return for calendar year 2015, please check one of the following:

- ☐ Not required to file (please attach Verification of Non-filing from the IRS)  
☐ Applied for filing extension (please attach a copy of IRS Form 4868)

Estimated 2015 Annual earned income \$ \_\_\_\_\_ (must be provided if this box is checked)

☐ Other (explain): \_\_\_\_\_

## Certification

*I certify that the information provided on this form is true and correct. I further understand that if I have provided any materially false information, I will forfeit all rights to my disability retirement annuity. I understand that making knowingly false or frivolous statements or representations may subject me to civil and criminal penalties under Federal and District of Columbia laws.*

\_\_\_\_\_  
Member's Signature  
(Must sign in the presence of a Notary Public)

\_\_\_\_\_  
Member's Printed Name

\_\_\_\_\_  
Date

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## Notary Public Verification

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Commission Expires